

## Agenda: Washington State Health Benefit Exchange Plan Management Workgroup Meeting

10/09/12; 10:00 am – 12:00 pm

### Agenda

ID	Topic	Facilitator	Duration
1.	Welcome <ul style="list-style-type: none"><li>• Introductions</li></ul>	Michael Arnis	5 Min
2.	Purpose of the Meeting <ul style="list-style-type: none"><li>• Provide updates on Enrollment and Billing, and Marketing</li><li>• Provide Opportunity for Feedback for the Quality Improvement Strategy and Closure/Termination of Plans</li><li>• Introduce Application</li><li>• Discuss Health Care Provider Directory Data</li></ul>	Michael Arnis	10 Min
3.	Enrollment and Billing Update	Brad Finnegan	10 Min
4.	Marketing Update	Michael Arnis	5 Min
5.	Quality Improvement Strategy Document <ul style="list-style-type: none"><li>• Opportunity for Feedback</li></ul>	Michael Arnis	15 Min
6.	Closure / Termination of Plans <ul style="list-style-type: none"><li>• Opportunity for Feedback</li></ul>	Michael Arnis	15 Min
7.	Introduction to Application for Issuers Participating in Exchange	Michael Arnis	15 Min
8.	Discuss Health Care Provider Directory Data: <ul style="list-style-type: none"><li>• Provider Directory Meetings Update<ul style="list-style-type: none"><li>○ There will be three sub-workgroups for issuers on the provider directory, based on their current level and type of involvement with eHealth</li></ul></li><li>• Discuss Template<ul style="list-style-type: none"><li>○ Optional and Required Data Fields</li></ul></li><li>• Discuss Need for Specific Data Field<ul style="list-style-type: none"><li>○ Provider Office Email Address</li></ul></li><li>• Frequency<ul style="list-style-type: none"><li>○ Must meet minimum standard (monthly)</li><li>○ It cannot be more often than weekly</li></ul></li></ul>	Dipti Sharma / Michael Arnis	30 Min
9.	Next Steps / Close <ul style="list-style-type: none"><li>• Next Meeting: 10/23</li></ul>	Michael Arnis	10 Min

## Meeting Notes

**Attendance:** America's Health Insurance Plans, Amerigroup, Centene, Community Health Plans of Washington, Dental Health Services, Group Health Cooperative, Kaiser Permanente, Molina, ODS Health, Pacific Source, Premera Blue Cross, Regence, Washington Dental Health Services

ID	Notes
1.	<p>The Plan Management Workgroup's marketing recommendations were passed to the HBE marketing team run by Michael Marchand.</p> <p>While HBE expects issuers to meet the marketing standards, an issuer's marketing materials will be pulled from the OIC website if an issuer does not meet the HBE marketing standards.</p>
2.	<p>The Quality Improvement Strategy (QIS) was discussed. HBE clarified that an implemented pilot quality improvement strategy would be an example of something that an issuer could state in their QIS narrative. The five QIS narratives will be provided to HBE either via a form or directly on-line.</p> <p>The QIS is meant to be consumer facing. There was a discussion about if there would be a more technical version of the program for HBE staff and a much more simplified explanation of this program for consumers. HBE decided not to collect technical information from issuers, and would like issuers to complete the standardized box and describe quality improvement activities for consumers to read. The workgroup decided not to offer a technical version.</p> <p>There was a discussion about whether there should be less than five strategies in the QIS. HBE decided that to satisfy this certification criterion issuers need to provide descriptions of activities that collectively address each of the five strategies.</p>
3.	<p>HBE reintroduced the draft Termination and Closing Policy. In response to a request to clarify scenario #4, HBE clarified that it will not entertain requests to close a plan during the plan year. If an issuer wants to close (discontinue offering) or terminate (discontinue coverage) a plan, the issuer will continue to use existing authority now in law and does not need to make a request to HBE. The RFA will likely direct an issuer to inform HBE before that issuer takes action to close or terminate a plan, however. HBE will not recertify a closed QHP. HBE will only recertify QHPs that will offer coverage to new enrollees. By submitting a closed plan for recertification, an issuer is committing to opening that plan to new enrollment in the next plan year.</p> <p>There will be an HBE appeals process in the instance of a decertification, or if certification or recertification is denied. The compliance process in the application will incorporate items discussed in the Termination and Closing Policy.</p>
4.	<p>HBE is working with Wakely Consulting on the Request for Application (RFA). Because plans will be submitted in mid-March, 2013, HBE's RFA timeline are being revisited and will be sent to the Plan Management workgroup soon. SHOP, enrollment and billing will be mentioned in the RFA.</p>
5.	<p>Three types of Health Care Provider Directory Sub-workgroup meetings will be held by eHealth and HBE, based on these three types of issuers:</p> <ol style="list-style-type: none"> <li>Issuers that currently utilize the eHealth health care provider directory in WA state</li> <li>Issuers that currently utilize the eHealth health care provider directory but not in WA state</li> <li>Issuers that currently do not utilize the eHealth health care provider directory <ol style="list-style-type: none"> <li>Each issuer in this group could have an individual meeting with eHealth/HBE</li> </ol> </li> </ol> <p>HBE will provide further updates on the format of these meetings.</p> <p>eHealth reviewed the data elements for the healthcare provider directory, and stated that these data elements fell into three categories:</p> <ol style="list-style-type: none"> <li>Essential data, needed for normalization: Names of provider (last name, first name) or facility name; office address (street address, city, state, zip); primary specialty; network; and provider type</li> <li>Optional data but desired: Degree for practitioner; office phone; office email; Primary Care Physician (Y/N); and whether the provider is accepting new patients. It was clarified that office email is not a required field.</li> <li>The remaining data items are optional</li> </ol> <p>Regarding the frequency of the submission of the provider directory data, as a minimum standard, HBE requests a monthly submission from each issuer. Issuers may submit data more frequently, say on a weekly basis. An issuer and eHealth will establish a routine schedule for transmitting data.</p>
6.	<p>The next HBE Plan Management Workgroup meeting is 10/23.</p>